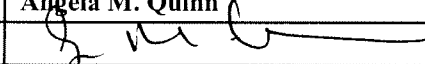


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|--|---|------------------------|-------------------|
| TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i> | | Application No. | 10/735,151 |
| | | Filing Date | December 12, 2003 |
| | | First Named Inventor | Yasuhiro II |
| | | Art Unit | 2609 |
| | | Examiner Name | Amara Abdi |
| Total Number of Pages in This Submission | 9 | Attorney Docket Number | 6453P020 |

| ENCLOSURES (check all that apply) | | |
|--|---|---|
| <input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> PTO/SB/08 <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Basic Filing Fee <input type="checkbox"/> Declaration/POA <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) <input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): <div style="border: 1px solid black; height: 80px; width: 100%;"></div> |
| Remarks | | |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | |
|--|--|
| Firm or Individual name | Michael J. Mallie, Reg. No. 36,591 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP |
| Signature | /Michael J. Mallie/ |
| Date | February 25, 2008 |

| CERTIFICATE OF MAILING/TRANSMISSION | | | |
|--|---|------|-------------------|
| I hereby certify that this correspondence is being submitted electronically via EFS Web on the date shown below. | | | |
| Typed or printed name | Angela M. Quinn | | |
| Signature |  | Date | February 25, 2007 |